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PTO/SB/01 (10-00)

Approved for use through 10/31/2002 OMB 0651-0032

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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing OR ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number

1024-035

First Named Inventor

COMPLETE IF KNOWN

Application Number

/

Filing Date

1/10/01

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**IMPROVED COIL AND CLAMP FOR VARIABLE
RELUCTANCE TRANSDUCER**

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

as United States Application Number or PCT International

☐ was filed on (MM/DD/YYYY)

Application Number

and was amended on (MM/DD/YYYY)

(if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|----------------------------------|--|--|--|
| | | | | YES | NO |
| | | | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|-----------------------|--------------------------|--|
| 60/174,903 | 1/10/00 | |

[Page 1 of 2]

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to:

☐ Customer Number
or Bar Code Label

26542

OR ☐ Correspondence address belowName JAMES H. LEASAddress 37 BUTLER DRIVEAddress -City S. BurlingtonState VTZIP 05403Country USATelephone 802 864-1575Fax 802 864 9319

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

STEVEN W.

Family Name

or Surname

ARMSInventor's
SignatureSteven W. ArmsDate 10 JAN 2001

Residence: City

Williston

State

VT

Country

US

Citizenship

USA

Mailing Address

MICROSTRAN, INC.

Mailing Address

PO BOX 86City BURLINGTON

State

VT

ZIP

05402-0086

Country

USA

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle (if any))

Family Name

or Surname

Inventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

☐ Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

FEB 06 2001

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PTO/SB/01 (10-00)

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DECLARATION — Utility or Design Patent ApplicationDirect all correspondence to ☐ Customer Number or Bar Code Label **26542** OR ☐ Correspondence address belowName **JAMES H. LEAS**Address **37 BUTLER DRIVE**Address **-**City **S. BURLINGTON**State **VT**ZIP **05403**Country **USA**Telephone **802 864-1575** Fax **802 864 9319**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))Family Name
or SurnameInventor's
Signature

Date

Residence: City

State

Country

Citizenship

Mailing Address

Mailing Address

City

State

ZIP

Country

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventorGiven Name
(first and middle (if any))Family Name
or SurnameInventor's
SignatureDate **10 JAN 01**

Residence: City

WILLISTONState **VT**Country **USA**Citizenship **USA**Mailing Address **152 STIRRUP CIRCLE**

Mailing Address

City **WILLISTON**State **VT**ZIP **05495**Country **USA**☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto

00757509 04004

Please type a plus sign (+) for the box []

PTO/80/02A (11-00)

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|--------------------|--|
| DECLARATION | ADDITIONAL INVENTOR(S) Supplemental Sheet Page <u> </u> of <u> </u> |
|--------------------|--|

| | | | |
|--|---------------|---|--------|
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| STEVEN WARD | | MUNDELL | |
| Inventor's Signature <i>[Signature]</i> | | Date 01/10/01 | |
| Residence: City | S. BURLINGTON | State | VT |
| | | Country | USA |
| Mailing Address 5 OLD ORCHARD PARK | | | |
| Mailing Address APARTMENT #514 | | | |
| City | S. BURLINGTON | State | VT |
| | | ZIP | 05403 |
| | | Country | U.S.A. |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| CHRISTOPHOR PRUYN | | TOWNSEND | |
| Inventor's Signature <i>[Signature]</i> | | Date 1/10/01 | |
| Residence: City | SHELBURNE | State | VT |
| | | Country | U.S.A. |
| Mailing Address 38 WEBSTER ROAD | | | |
| Mailing Address | | | |
| City | SHELBURNE | State | VT |
| | | ZIP | 05482 |
| | | Country | U.S.A. |
| Name of Additional Joint Inventor, if any: | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | | State | |
| | | Country | |
| Mailing Address | | | |
| Mailing Address | | | |
| City | | State | |
| | | ZIP | |
| | | Country | |

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PTO/SB/81 (11-86)

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

| | |
|------------------------|----------|
| Application Number | |
| Filing Date | 1/10/01 |
| First Named Inventor | |
| Group An. Unit | |
| Examiner Name | |
| Attorney Docket Number | 1024-035 |

I hereby appoint:

☒ Practitioners at Customer Number

26542

Place Customer
Number Bar Code
Label here

OR

☐ Practitioner(s) named below.

| Name | Registration Number |
|---------------|---------------------|
| James M. Leas | 34372 |
| | |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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| | | | | | |
|--|-----------------|-------|--------------|-----|-------|
| <input type="checkbox"/> Firm or Individual Name | James Marc Leas | | | | |
| Address | 37 Butler Drive | | | | |
| Address | | | | | |
| City | S. Burlington | State | VT | Zip | 05403 |
| Country | USA | | | | |
| Telephone | 802 864-1575 | Fax | 802 864-9319 | | |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed**SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|-----------------------|
| Name | STEVEN W. ARMS |
| Signature | <i>Steven W. Arms</i> |
| Date | 10 JAN 2001 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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PTO/SB/01 (11-86)

Approved for use through 6/30/99 OMB 0851-0035

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**POWER OF ATTORNEY OR
AUTHORIZATION OF AGENT,
NOT ACCOMPANYING
APPLICATION**

Application Number

Filing Date

1/10/01

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

1024-035

I hereby appoint:

☒ Practitioners at Customer Number

26542

OR

☐ Practitioner(s) named below:Place Customer
Number Bar Code
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| Name | Registration Number |
|---------------|---------------------|
| James M. Leas | 34372 |
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as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith.

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|---|-----------------|-------|--------------|-----|-------|
| <input type="checkbox"/> Firm or Individual Name | James Marc Leas | | | | |
| Address | 37 Butler Drive | | | | |
| Address | | | | | |
| City | S. Burlington | State | VT | Zip | 05403 |
| Country | USA | | | | |
| Telephone | 802 864-1575 | Fax | 802 864-9319 | | |

I am the:

☒ Applicant.☐ Assignee of record of the entire interest
Certificate under 37 CFR 3.73(b) is enclosed**SIGNATURE of Applicant or Assignee of Record**

| | |
|-----------|------------------|
| Name | Michael J. Hamel |
| Signature | Michael J. Hamel |
| Date | 10 JAN 2001 |

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Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney, Docket Number

1/10/01

1024-035

I hereby appoint

☒ Practitioners at Customer Number

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| Name | Registration Number |
|---------------|---------------------|
| James M. Leas | 34372 |
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☒ The above-mentioned Customer Number.

OR

☐ Firm or Individual Name James Marc Leas
 Address 37 Butler Drive
 Address
 City S. Burlington State VT ZIP 05403
 Country USA
 Telephone 802 864-1575 Fax 802 864-9319

I am the:

☒ Applicant

☐ Assignee of record of the entire interest
 Certificate under 37 CFR 3.73(b) is enclosed

SIGNATURE of Applicant or Assignee of Record

Name STEVEN WARD MUNDALL
 Signature *Steven Ward Mundall*
 Date 10 JANUARY 2001

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Jan. 10 2001 9:47AM Law Office of James Marc Leas 802 864-9319

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PTO/SB/51 (11-89)

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Application Number

Filing Date

First Named Inventor

Group Art Unit

Examiner Name

Attorney Docket Number

1/10/01

1P29-035

I hereby appoint:

☒ Practitioners at Customer Number

26542

OR

☐ Practitioner(s) named below:

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 Label here

| Name | Registration Number |
|----------------|---------------------|
| James M. Innes | 34372 |
| | |
| | |

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the Patent and Trademark Office connected therewith

Please change the correspondence address for the above-identified application to:

☒ The above-mentioned Customer Number.

OR

| | | | |
|---|------------------|-------|--------------|
| <input type="checkbox"/> Firm or Individual Name | James Marc Innes | | |
| Address | 37 Butler Drive | | |
| Address | | | |
| City | S. Burlington | State | VT |
| Country | USA | ZIP | 05403 |
| Telephone | 802 864-1575 | Fax | 802 864-9319 |

I am the

☒ Applicant

☐ Assignee of record of the entire interest
 (Certificate under 37 CFR 3.72(b) is enclosed)

SIGNATURE of Applicant or Assignee of Record

| | |
|-----------|-------------------------|
| Name | CHRISTOPHER P. TOWNSEND |
| Signature | <i>Chris</i> |
| Date | 1/10/01 |

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